

<b>CLAIMS ONLY</b>						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
<b>CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1							51			
	2							52			
	3							53			
	4							54			
	5							55			
	6							56			
	7							57			
	8							58			
	9							59			
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	41							91			
	42							92			
	43							93			
	44							94			
	45							95			
	46							96			
	47							97			
	48							98			
49						99					
50						100					
TOTAL IND.	2	1	2	1		TOTAL IND.		1	1		
TOTAL DEP.	6	1	6	1		TOTAL DEP.	1	1	1		
TOTAL CLAIMS	8		8			TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY